

Pro Se 1 (Rev. 09/16) Complaint for a Civil Case

UNITED STATES DISTRICT COURT

NIXON JEAN PIERRE for the
District of

16CV 9245

Case No.

(to be filled in by the Clerk's Office)

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-v-

Jury Trial: (check one) ☒ Yes ☐ No

Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

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S.D. OF N.Y.

COMPLAINT FOR A CIVIL CASE

I. The Parties to This Complaint

A. The Plaintiff(s)

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name

Street Address

City and County

State and Zip Code

Telephone Number

E-mail Address

NIXON JEAN PIERRE
74 NORFOLK Drive west
Elmont NY 11003917-548-8793
NJEANPIERRE@LIVE.COM

B. The Defendant(s)

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title (if known). Attach additional pages if needed.

Pro Se 1 (Rev. 09/16) Complaint for a Civil Case

Defendant No. 1

Name
 Job or Title *(if known)*
 Street Address
 City and County
 State and Zip Code
 Telephone Number
 E-mail Address *(if known)*

New York City TAXI Limousine
 Commission
 33 Beaver Street
 New York, NY
 10004

Defendant No. 2

Name
 Job or Title *(if known)*
 Street Address
 City and County
 State and Zip Code
 Telephone Number
 E-mail Address *(if known)*

American Transit Insurance
 One Mehrotech LLC
 1 Mehrotech Center
 Brooklyn
 New York 11201
 212-857-8200

Defendant No. 3

Name
 Job or Title *(if known)*
 Street Address
 City and County
 State and Zip Code
 Telephone Number
 E-mail Address *(if known)*

Hereford Insurance Company
 36-01 43rd AVE
 Long Island City, New York 11101
 718-361-9191

Defendant No. 4

Name
 Job or Title *(if known)*
 Street Address
 City and County
 State and Zip Code
 Telephone Number
 E-mail Address *(if known)*

Maya Assurance Company
 45-18 Court Square #502
 Long Island City NY 11101
 718-937-2010

Nixon Jeanpierre

Plaintiff

New York City Taxi & Limousine Commission

American Transit Insurance

Hereford Insurance Company

Maya Insurance Company

Defendant

The reason I am filing this complaint for \$ 20,000,000,000 against all parties is because I've been a victim of abuse of power from all four of them. As a medallion owner and as a green permit owner these three insurance companies have denied selling me a premium base on my record. I had 2 pedestrians' accidents when I was not at fault. Also I am mandated to take defensive courses every 3 years which I always do. My DMV record can prove it. I have no point for moving violations on my record at the time of my applications and as current. I do not see why I was denied besides them being prejudice and discriminatory.

I want the court to make them pay for their abuse of power and authority. The reason I asked for \$ 20,000,000,000 is because the taxi industry is a multi billion dollars industry.

I want the court to instruct TLC to oversee how these insurance companies are dealing with the drivers and to correct any discrepancies. If there is lieu for TLC to create a special unit to deal with this matter they should do so. They should enable drivers to call them to report any discrepancy from the insurance companies.



THE CITY OF NEW YORK
OFFICE OF THE COMPTROLLER
CLAIMS AND ADJUDICATIONS
1 CENTRE STREET ROOM 1200
NEW YORK, N.Y. 10007-2341

WWW.COMPTROLLER.NYC.GOV

015 - 151

Scott M. Stringer
COMPTROLLER

Date: 11/01/2016
Claim No: 2016PI030822
RE: Acknowledgment of Claim
Your Claim/Policy#:

NIXON JEAN PIERRE
74 NORFOLK DR W
ELMONT, NY 11003

Dear Claimant:

We acknowledge receipt of your claim, which has been assigned the claim number shown above. Please refer to this claim number in any correspondence or inquiry you may have with our office.

We will do our best to investigate and, if possible, settle your claim. However, if we are unable to resolve your claim, **any lawsuit against the City must be started within one year and ninety days from the date of the occurrence.**

If you have any questions regarding your claim, you may contact us at 212-669-2478 for claims involving personal injury.

Sincerely,

Bureau of Law & Adjustment